



Healthy Minds, Strong Futures

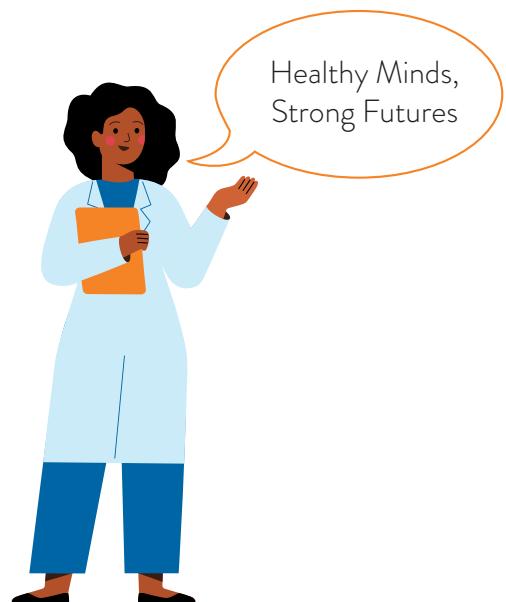
A Children's Mental Health Quality Improvement Project

Provider Toolkit



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Provider Change Package Quick Start Guide

Goal: To improve care related to anxiety and depression for adolescents aged 12–18 years old in Ohio seen at primary care practices.

Why?

- Primary care practices are ideal settings to identify and address mental health conditions among adolescents. National recommendations strongly endorse screening and treatment of anxiety and depression in pediatric primary care settings.¹
- Rates of anxiety and depression among adolescents are steadily increasing.¹ Left untreated, these conditions can impair school performance, social interactions, physical health, and quality of life.^{2,3} They also lead to higher rates of chronic anxiety and depression persisting into adulthood.

Learning Objectives:

- Optimize current workflow to include routine screening for anxiety and depression among adolescents;
- Connect adolescents and families to affordable and accessible behavioral health resources, including integrated care and community-based services;
- Establish a care plan and provide treatment to adolescents with depression and/or anxiety.

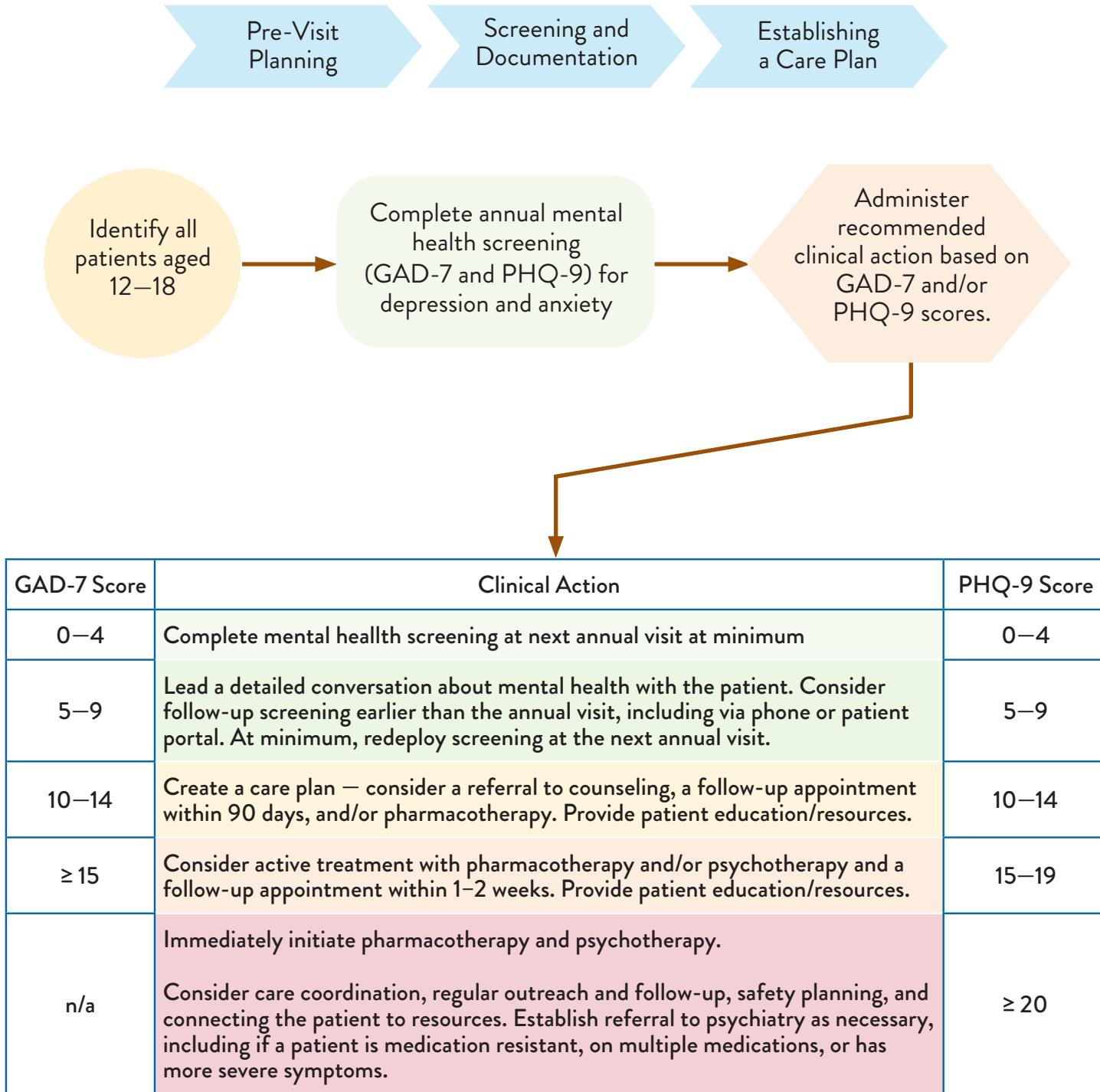
Screening as a Best Practice

Adolescent mental health conditions are on the rise nationally and in Ohio. A 2024 report on the State of Mental Health in America found that 20% of adolescents had at least one major depressive episode (MDE) in the past year and that over half did not receive any treatment.⁴ These statistics mirror Ohio, reflecting 190,000 adolescents aged 12–17 who experienced a MDE in the past year.⁴ Furthermore, research suggests that 14% of middle schoolers and 18% of high schoolers in Ohio reported ever seriously considering attempting suicide, with higher rates among females.⁵

If left untreated, these conditions can impair developmental trajectories, disrupt school performance and social interactions, and negatively affect relationships with family and peers.^{2,3} Early identification through screening is crucial and national recommendations endorse screening and treatment of anxiety and depression in pediatric primary care settings.^{6–9} The United States Preventive Services Task Force recommends screening for anxiety in children and adolescents aged 8 to 18 years⁷ and screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years.⁶ Despite being a best practice, 56–79% of adolescents with mental health concerns do not receive care.¹⁰

Healthy Minds, Strong Futures will support primary care practices in adopting best practices for screening and connecting patients to care for depression and anxiety. Patients aged 12–18 will be screened annually using validated tools such as the PHQ-9 and GAD-7, with optional screening at each visit. Early detection and treatment in primary care can enhance quality of life, lower healthcare costs, and reduce complications from co-occurring conditions.

Proposed Screening Workflow



If question 9 on the PHQ-9 is 1+, conduct additional evaluation to assess for active suicidal ideation. If imminent self-harm or harm to others is suspected, same-day psychiatry consultation or Emergency Department evaluation is warranted.

Remember, screening is a tool to supplement clinical judgment.

Steps Following Mental Health Screening

1. Interpret Screener Score

Scores on the PHQ-9 and GAD-7 along with clinician assessment will determine the next steps in treatment and referrals. The screener thresholds include:

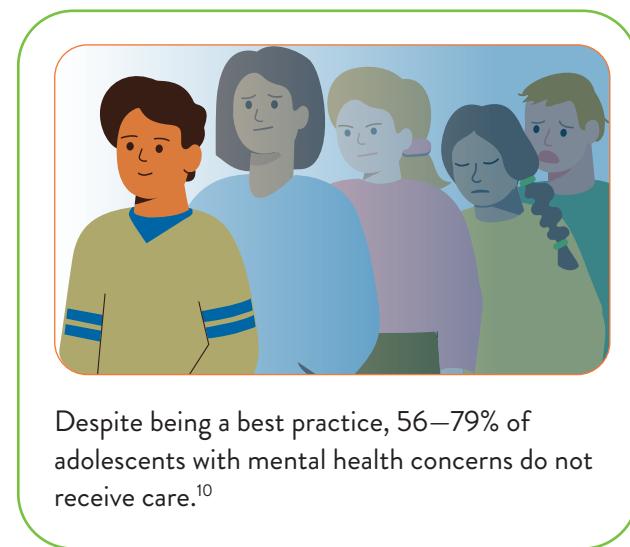
- PHQ-9 Depression Thresholds: 5 (mild), 10 (moderate), 15 (moderately severe), 20 (severe)
- GAD-7 Anxiety Thresholds: 5 (mild), 10 (moderate), 15 (severe).

Please see the Appendix section for PHQ-9 and GAD-7 screening tools, as well as additional screening tools including the Ask Suicide-Screening Questions (ASQ).

2. Care Plan

Establishing a care plan should include a monitoring schedule, follow-up treatment, and risk-based interval re-screening. When utilizing the PHQ-9 and GAD-7, refer to the recommended clinical action table on page 2 to determine next steps based on score severity. Consider discussing therapeutic modalities with the patient including lifestyle changes, medications, primary care integrated behavioral health referral, a collaborative care program (primary care provider/psychiatry), or full psychiatry referral. Engaging social workers may be appropriate for addressing social determinants of health needs or counseling services.

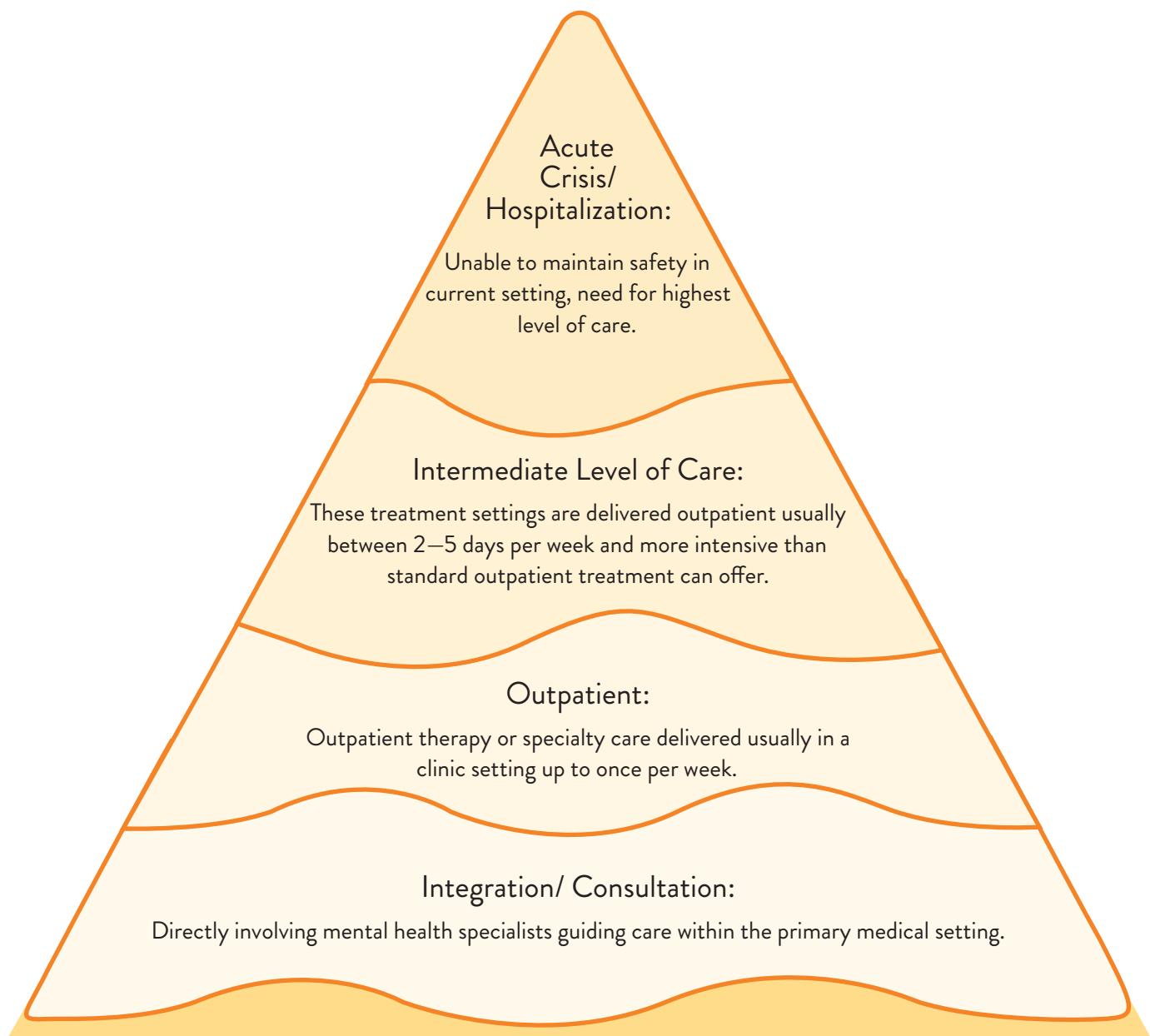
The care plan should also include risk mitigation strategies, such as discussing safe storage of firearms and medications in order to reduce access to lethal means. Providers should collaborate with patients and families to develop a personalized safety plan, if necessary, that may include topics such as identifying warning signs, coping strategies, and crisis contacts in case of a mental health emergency. The American Academy of Pediatrics offers brief interventions that pediatric providers can implement to support youth at risk for suicide: <https://go.osu.edu/aapsafetyplan>.



Despite being a best practice, 56–79% of adolescents with mental health concerns do not receive care.¹⁰

Behavioral Health System of Care

Behavioral health is complicated. There are different levels of care depending on the amount of support a patient needs to function. The following image highlights four main levels of treatment that are available with outpatient care being the most familiar.



Treatment Options

Treatment options may include medication, therapy, or a combination of both. Incorporating shared decision-making helps patients and caregivers participate in their care, which has been shown to improve outcomes in routine mental health treatment.¹¹

National associations, such as the American Psychiatric Association, support a combined approach for treating depression, noting that counseling and medication together can be highly effective.¹² Medication can help ease symptoms to help people better engage in therapy, while counseling can help prevent relapses or recurrence of symptoms if or when medication is discontinued.¹² For those who benefit from medication, counseling can help prevent relapses or recurrence of symptoms if or when medication is discontinued.

- The benefits of both counseling and medication in moderate to severe symptomology have been shown to be more effective than medication or counseling alone.¹³
- Counseling in cases of mild depression symptoms have been shown to have equivalent outcomes to medications.

Wellness Activities

General behavior modifications may be effective for improving symptoms of anxiety and depression at home in some patients. These may include:

- Follow a healthy eating plan
- Engage in regular physical activity
- Spend time outdoors
- Establish a good sleep routine and habits
- Practice mindfulness and relaxation techniques
- Reduce technology use and media exposure



Therapy/Counseling:

Psychotherapy is a form of treatment that involves therapeutic interactions with a therapist and patient (this may

include family members depending on the type of treatment).¹⁴ Cognitive Behavioral Therapy (CBT) is a structured, evidence-based form of psychotherapy that focuses on identifying and changing unhelpful patterns of thinking, mood, and behavior. CBT is effective for a wide range of concerns, including life stress, anxiety, depressed mood, and other emotional challenges. It can also be useful when patients are generally feeling well but want support in preparing for upcoming life events. When GAD-7 and/or PHQ-9 scores are below 14, CBT should be strongly considered as a first-line approach before medication, provided the patient and/or family is open to this treatment.

Project YES
Consider walking your patient through this free tool to gain evidence-based coping skills!

www.schleiderlab.org/yes.html

Project YES is a free, anonymous, self-guided digital mental health program designed for adolescents. Backed by evidence, it offers a brief, single-session framework that makes it easy to recommend as a first-line resource. By providing accessible tools for self-management, Project YES helps young people engage in their own mental health support in a safe and approachable way.

Medication

Before prescribing medication, conducting a clinical interview to assess the severity of symptoms and the negative impact on daily life can help determine whether the patient can benefit from medication. Pharmacological treatment has the most evidence when combined with therapeutic interventions and used for moderate-to-severe functionally impairing symptoms. In general, medication is continued until symptomatic remission and satisfactory functioning has been sustained (typically for 1-2 years). Patients requiring mood stabilizers, antipsychotics, and/or benzodiazepines should generally be under the care of a psychiatrist. The following tables provide medications options and high-level guidance but should not replace patient-specific risk/ benefit analysis. The decision to use medication should involve shared decision between the healthcare provider, the patient, and their family. Additional resources, including provider tools and family treatment guides, are available on the Ohio Minds Matter website (ohiomindsmatter.org).

Patients requiring mood stabilizers, antipsychotics, and/or benzodiazepines should generally be under the care of a psychiatrist.

You may have to try different medications and dosing until you find the right fit for your patient:

Step 1

Choose any Selective Serotonin Reuptake Inhibitor (SSRI):
fluoxetine, sertraline, escitalopram

Step 2

If first SSRI trial failed, try another SSRI

Step 3

If failed trial, consider duloxetine due to favorable side effect profile

Note: Antidepressants carry a black box warning for increased risk of suicidal thoughts and behaviors in individuals aged 25 and younger. This risk should be explicitly addressed during risk-benefit discussions with caregivers prior to initiating treatment. As with many side effects, this phenomenon is most likely to occur during treatment initiation or following a dose increase, and warrants close monitoring throughout the course of therapy. The absolute risk of this phenomenon is estimated at approximately 1% among depressed youth. This must be weighed against the significant risk of suicide in untreated depressive disorders, particularly in high-risk populations. These include, but are not limited to, patients with a history of suicidal ideation or self-harming behaviors, comorbid substance use or insomnia, and those with a family history of suicide or recent exposure to suicide-related events.



Medication

Selective Serotonin Reuptake Inhibitors: First- and second-line treatment for Depression and Anxiety Disorders.

Medication	FDA Indications (Approved age in years)	Starting Dose (mg)	Minimum Typical Therapeutic Dose (mg)	Maximum Daily Dose (mg)	Formulations	Pearls
Preferred						
Escitalopram (Lexapro®)	GAD (≥7) MDD (≥12)	5-10	10	20	Tablet, Solution	Similar efficacy to citalopram, with improved tolerability Some QT* prolongation CYP** enzymatic interaction with most proton pump inhibitors
Fluoxetine (Prozac®)	MDD (≥8) OCD (≥7)	10	20	60	Capsule, Delayed Release (DR) Capsule, Tablet, Solution	Long half-life → low risk of discontinuation syndrome Most activating SSRI → may worsen anxiety and insomnia initially
Sertraline (Zoloft®)	OCD (≥8) PTSD, Social, Panic, MDD (≥18)	12.5-25	50	200	Tablet, Liquid Concentrate	Highest incidence of gastrointestinal distress
Non-preferred (used in special circumstances, suggest specialist input)						
Fluvoxamine (Luvox®)	OCD (≥18)	25-50 BID***	50 BID	300	Extended Release (ER) Capsule, Tablet	Dosed twice daily Sedating
Citalopram (Celexa®)	MDD (≥18)	10-20	20	40	Tablet, Solution	Highest QT prolongation risk (avoid doses ≥40 mg/day)
Paroxetine (Paxil®)	MDD, OCD, Panic, Social, PTSD, GAD (≥18)	10	20	60	Tablet, ER Tablet, Suspension	Teratogenic Sedating/ anticholinergic High risk of weight gain High risk of discontinuation syndrome

* QT: Q-T interval of an electrocardiogram; ** CYP: Cytochrome P450 enzymes; *** BID: Latin "bis in die," meaning twice daily

Medication

Serotonin-Norepinephrine Reuptake Inhibitors: Third line Treatment for Depressive and Anxiety Disorders.

Medication	FDA Indications (Approved age in years)	Initial Dose (mg)	Maximum Daily Dose (mg)	Formulations	Pearls
Preferred					
Duloxetine (Cymbalta®)	GAD (≥12) MDD (≥18)	30	120	DR capsule	Also helpful for musculoskeletal, neuropathic pain
Non-preferred					
(used in special circumstances, suggest specialist input)					
Venlafaxine (Effexor®)	—	37.5	225	Immediate Release (IR) tablet, ER tablet, ER capsule	Use ER formulation High risk of discontinuation syndrome (even with ER formulation) due to short half-life Also helpful for migraines, neuropathic pain May cause night sweats
Desvenlafaxine (Pristiq®)	—	25	100	ER tablet	Similar efficacy and tolerability profile to venlafaxine More expensive, often requires a prior authorization

Dopamine-Norepinephrine Reuptake Inhibitor: Occasionally used, especially in adults.

Medication	FDA Indications (Approved age in years)	Initial Dose (mg)	Maximum Daily Dose (mg)	Formulations	Pearls
Non-preferred					
Bupropion ER (Wellbutrin XL®)	MDD (≥18) Seasonal Affective Disorder (≥18)	150	450	150 mg, 300 mg ER tablet	Use caution in patients with epilepsy or history of overdose. Contraindicated with electrolyte disturbance (e.g. persistent vomiting). Would encourage using only XL formulation. Avoid use in patients with history of, or current diagnosis of, an eating disorder. The generic of Wellbutrin XL® is dosed once daily, Wellbutrin SR® is dosed twice daily Helpful for Depression, some off-label benefit for ADHD

Provider Consultation

The following resources are intended to assist providers in the management and treatment of mental health concerns in the context of primary care.

Ohio Pediatric Psychiatric Access Line (OPPAL)

OPPAL is a collaboration between Ohio's children's hospitals and connects primary care providers with child and adolescent psychiatrists for real-time support on mental health cases and medication management.¹⁵ The service offers clinical guidance, screening tools, educational resources, and help with referrals. Learn more about OPPAL on their website, <https://ohioaap.org/oppal>

OPPAL service details:

- Service is available to all primary care providers in Ohio including pediatricians, family physicians, nurse practitioners and other health care professionals involved in caring for pediatric patients.
- The OPPAL access line can be reached at: (614) 605-1511.
- Providers can enroll in OPPAL online: <https://ohioaap.org/oppal/registration>

Behavioral Health Treatment Insights and Provider Support (BH-TIPS)

BH-TIPS is a free virtual behavioral health consultation service for Ohio primary care providers where they can connect virtually with psychiatrists and a social worker at Nationwide Children's Hospital. Consultation can be used to: obtain clarification on screening, assessment and diagnosis, principles of medication and non-medication management, and information about behavioral health resources and community services. This service can be booked at <https://go.osu.edu/bh-tips>.

NOTE: BH-TIPS is not intended for emergencies, crisis situations, expedited psychiatric referrals, or same-day urgent assistance for safety concerns.

Children's Hospital Resources

Children's hospitals across the state offer targeted programs to support both patients and providers. These include hotlines that allow providers to consult with specialists, such as child psychiatrists, regarding clinical cases, referrals, and patient transfers.

	Cincinnati Children's Hospital	Dayton Children's Hospital	Nationwide Children's Hospital
Behavioral Health Website	Mental and Behavioral Health Institute https://www.cincinnatichildrens.org/institute/mental-behavioral-health	Behavioral Health https://www.childrensdayton.org/patients-visitors/services/behavioral-health	Behavioral Health Physician Resources For Providers https://www.nationwidechildrens.org/specialties/behavioral-health/for-providers
Hotlines	Physician Priority Link (513) 636-7997 or 1(888) 987-7997	Communications Center facilitates physician to physician consults (937) 641-4385	Physician Direct Connect (614) 355-0221 or 1(877) 355-022

Provider Education

Ohio Minds Matter

The Ohio Minds Matter website is intended to provide educational resources for healthcare providers, families, and others that support a coordinated, family-centric behavioral health system of care. The resources were developed by a clinical expert panel from Ohio's colleges of medicine, children's hospitals, and community health providers, working with the Ohio Department of Medicaid (ODM) and the Ohio Department of Behavioral Health (DBH).¹⁶ The website includes free on-demand continuing medical education (CME) modules on ADHD, anxiety, bipolar disorder and disruptive mood dysregulation disorder, depression, suicide and suicide risk, and trauma and PTSD.

<https://www.ohiomindsmatter.org/continuing-medical-education>

Project ECHO

Project ECHO (Extension for Community Healthcare Outcomes) is a telemonitoring program that virtually connects community health providers to experts in a particular specialty with the mission of disseminating specialized knowledge to regions that otherwise would not have access to it.

Each ECHO session consists of: A didactic presentation consisting of evidence-based practices to improve patient care, a deidentified case study which is shared and discussed by participants and specialists, and a written summary of recommendations provided to the participants. Many organizations and hospitals have their own ECHO cohorts where you can participate.

- American Academy of Pediatrics <https://www.aap.org/en/practice-management/project-echo/>
- Cincinnati Children's Hospital <https://www.cincychilrensecho.com/programs>
- Nationwide Children's Hospital <https://www.nationwidechildrens.org/for-medical-professionals/education-and-training/echo>
- NeoMed <https://www.neomed.edu/projectecho/programs>
- University Hospitals/ Rainbow Babies and Children <https://www.uhhospitals.org/rainbow/for-clinicians/clinical-resources/project-echo>

Behavioral Health Integration:

Integrated behavioral health care is a model that combines mental health and medical care in one setting, typically within primary care. Collaboration occurs between medical providers and behavioral health professionals to treat the whole person — addressing physical, emotional, and psychological needs together. This approach can improve outcomes, reduce stigma, and make care more accessible and coordinated.

In partnership with Partners for Kids, the Behavioral Health Integration (BHI) Program at Nationwide Children's Hospital supports primary care practices and behavioral health organizations in developing and sustaining integrated care models by providing training, technical assistance and more. BHI has been shown to improve access and outcomes in mental health care, with patients and providers reporting higher satisfaction. BHI supports practices who are just starting their integration journey and those that want to improve their existing model. Learn more at the BHI website.

<https://www.nationwidechildrens.org/specialties/behavioral-health/for-providers/behavioral-health-integration>

Other resources for collaboration exist, including HealthVine (<https://healthvine.cincinnatichildrens.org/provider-services/#behavioral-health>) through Cincinnati Children's Hospital and the Collaborative Care Model (<https://aims.uw.edu/collaborative-care/>) supported through the Advancing Integrated Mental Health Solutions (AIMS) Center at the University of Washington.

Community Referral Guides

The following table summarizes existing mental health referral guides to help guide providers and patients identify mental health services based on their specific needs. View the Resources section of this toolkit for additional community resources including school-based services, crisis and safety services, peer supports, Project ECHO, and OhioRise.

Organization	Resource
The Ohio State University College of Public Health	<p>Ohio Mental Health Resource Guides by County https://u.osu.edu/cphp/Ohio-Mental-Health-Resource-Guides/</p> <p>Links to county-specific guides with mental health and substance use disorder services available in each community.</p>
Ohio Department of Medicaid	<p>Find a Provider https://ohiomh.com/home/findaprovider</p> <p>Searchable directory to identify providers in-network with Ohio Medicaid plans. Tip: Filter by patient's age, zip code, provider type</p>
Dayton Children's Hospital	<p>Searchable Mental Health Resource Finder https://www.childrensdayton.org/mental-health-resource-directory</p> <p>This directory was created to provide families in the Dayton region with access to mental health resources within their own community.</p>
Nationwide Children's Hospital	<p>The Community Behavioral Health Resource Directory https://www.nationwidechildrens.org/specialties/behavioral-health/for-providers/community-behavioral-health-resource-directory</p> <p>Searchable directory to filter behavioral health providers by treatment area and type of service.</p>
Psychology Today	<p>Find a therapist in Ohio using search features to find a provider in-network that specializes in the needed domain (i.e. teens, depression, anxiety, OCD, addiction). Tip: Once a provider is identified, users will need to reach out to them to confirm their listed information is up-to-date.</p> <p>https://www.psychologytoday.com/us/therapists/ohio?gad_campaignid</p>
NAMI Ohio Events	<p>Search upcoming in person and virtual events in Ohio including family support groups, peer-to-peer support, and additional opportunities for connection.</p> <p>https://www.nami.org/affiliate/ohio/events/</p>

Barriers To Care

Primary care providers play a critical role in early identification, treatment, and referral of adolescents experiencing mental health challenges. However, several systemic barriers can hinder access to appropriate care.

Cost of Care

Financial barriers remain a significant obstacle to mental health treatment. Insurance limitations and reimbursement challenges can restrict access to services, particularly for adolescents and families navigating complex coverage systems.¹⁷ In Ohio, state law mandates insurance coverage for the diagnosis and treatment of biologically-based mental illnesses (Ohio Revised Code §1751.01), helping to reduce out-of-pocket costs for families.¹⁸ At the federal level, the Mental Health Parity and Addiction Equity Act of 2008 requires most health plans to offer mental health and substance use disorder benefits on par with physical health coverage.¹⁹ Additionally, providers and families can consult the Ohio Unified Preferred Drug List to determine which medications are covered under Medicaid.

Lack of Available Care

A persistent shortage of mental health professionals across the United States has made access to timely and appropriate care a major barrier for adolescents and families. As of late 2021, more than 129 million Americans lived in federally designated mental health professional shortage areas, with most states—including Ohio—falling well below the recommended provider-to-population ratios.^{20,21} This scarcity leads to long wait times, limited appointment availability, and geographic disparities that disproportionately affect rural and underserved communities.¹⁷ Even when individuals have insurance, they often struggle to find providers who accept their coverage or offer services within a reasonable timeframe.¹⁷ These gaps in the mental health care infrastructure not only delay treatment but can also increase the burden on primary care providers. Consider calling OPPAL to connect with a child psychiatrist or care navigator to get help navigating referrals and clinical care.

Stigma Regarding Mental Health

There are some patients and families who may hesitate to seek care or discuss mental health concerns openly. Routine screening for all patients reinforces that mental health is a standard part of pediatric care and helps normalize these conversations. In Ohio (Ohio Revised Code Section 5122.04), a child who is 14 or older may request outpatient mental health services without the consent or knowledge of a parent or guardian for up to 6 sessions or 30 days. However, prescription of medication requires consent from a parent/guardian unless there is a substantial chance of harm to the minor or to others. After that limit (6 sessions or 30 days), service continuation requires parent or guardian consent.

Check the Ohio Department of Medicaid's Ohio Unified Preferred Drug List, to see a list of medications covered by Medicaid:



<https://pharmacy.medicaid.ohio.gov/unified-pdl>

Call OPPAL (614) 605-1511

Use the helpline to receive same-day, convenient referral navigation and peer-to-peer consultation with a child psychiatrist.



Quality Improvement Resources

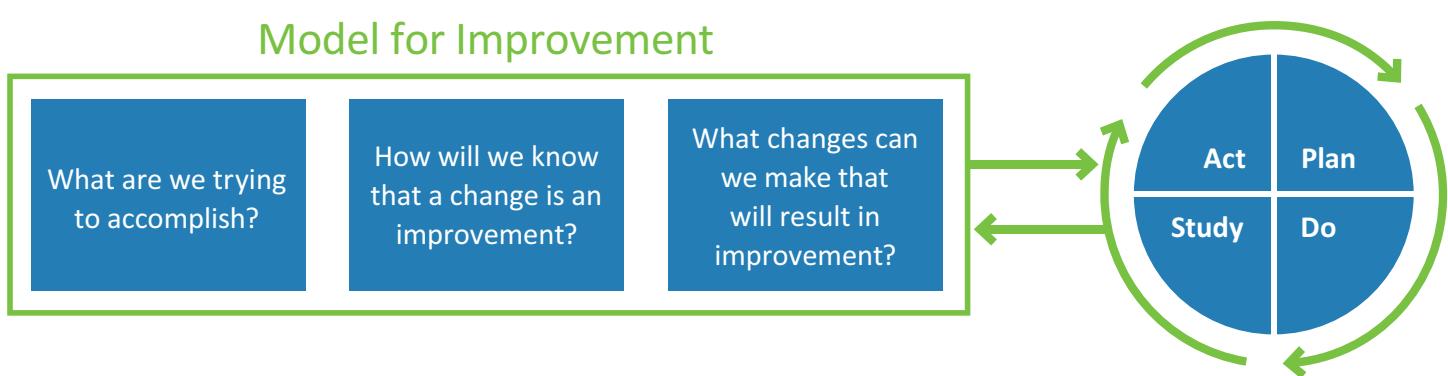
Model for Improvement

The Model for Improvement developed by Associates in Process Improvement²² provides a simple framework for healthcare professionals to utilize as they provide quality healthcare to patients. Through a series of small, measurable, rapid changes in processes, quality improvement (QI) methodology can lead to improved processes with reduced variation, improving patient outcomes and improving healthcare clinics and systems.²³

Components of a successful QI project include:

- A multidisciplinary team, including a clinical champion and leadership support
- Access and support for bi-weekly data submissions
- Dedicated time to actively engage in QI science methods, including Plan-Do-Study-Act (PDSA) cycles
- Regular participation in peer-to-peer sharing and coaching meetings
- Process to share and spread lessons learned

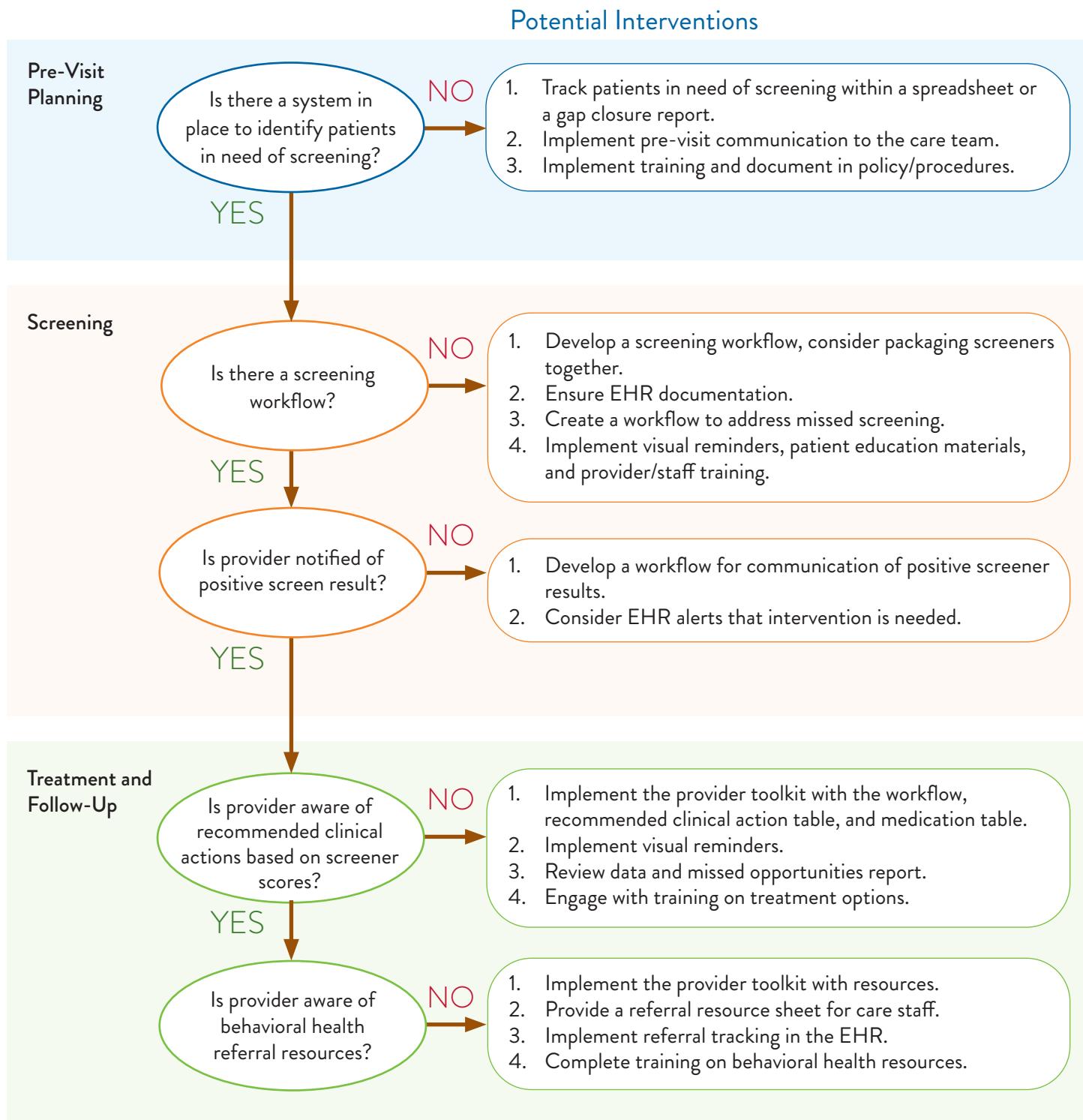
Plan-Do-Study-Act Cycles



QI science emphasizes starting small with initial tests of change conducted on a small scale (e.g., one patient for one day) to evaluate their impact. Depending on the results, the intervention may be adopted as-is, adapted for subsequent PDSA cycles, or abandoned, to be replaced with a new change idea if the current approach proves ineffective.

Getting Started: How To Prioritize Interventions

Teams are not expected to implement all the change ideas or interventions listed. Instead, think of this as a menu of options to select from based on what fits your priorities. Each team should assess their baseline data, monitor progress, and consider organizational goals to determine focus areas. To prioritize interventions, teams can use this workflow to determine where to start:



Resources

Crisis and Safety Resources

Mobile Response and Stabilization Services (MRSS)	A free service supporting individuals aged 20 and under who face urgent mental, emotional, or behavioral challenges. A trained MRSS team responds within 60 minutes to any location, providing immediate de-escalation, safety assessments, and up to 42 days of ongoing support. After this period, families are connected with long-term services to ensure continued care. For MRSS tools for providers and additional resource visit: https://dbh.ohio.gov/get-help/crisis-systems/mobile-response-and-stabilization-services-mrss
Project ChildSafe	A firearm safety and education program that works with law enforcement agencies, neighborhoods and communities. Visit Project ChildSafe website here to access free educational resources on firearm safety in homes and understanding gun safety, parents and educator toolkits, and free firearm safety kits, including a cable-style gun lock. https://projectchildsafe.org/
Store it Safe (SIS) program	A three-step program (screen, intervene, seek treatment) established in Ohio to protect children from accidental firearm/gun deaths and to keep teenagers safe from suicide by firearms. A provider handout is available at: https://ohioaap.org/storeitsafe/providers
Resources for Families	Crisis Text Line - Text 4HOPE to 741741 Suicide Prevention Resource Center https://sprc.org/ Suicide Prevention Lifeline https://mha.ohio.gov/get-help/crisis-systems/988-suicide-and-crisis-lifeline-in-ohio Suicide and Crisis Lifeline - Call or Text 988 Ohio Minds Matter youth and family resources https://www.ohiomindsmatter.org/youth-families
Resources for LGBTQ + Community	The Trevor Project Lifeline, intended for LGBTQ+ youth ages 24 and younger, can be reached 24/7 by calling (866) 488-7386, texting START to 678678, or accessing chat services. https://www.thetrevorproject.org/get-help/ Trans Lifeline, intended for transgender or gender- nonconforming people, can be reached by calling (877) 565-8860. The lifeline can also provide resources to help with other crises, like domestic violence situations. https://translifeline.org/ LGBT National Youth Talkline, intended for individuals 25 years old and younger, offers a space to talk about relationship concerns, bullying, family, HIV/AIDS anxiety, suicide, and more. https://lgbthotline.org/youth-talkline/ The talkline can be reached at 800-246-7743 on Saturday from noon to 5 p.m. EST and Monday through Friday from 2-11 p.m.

General Resources for Depression and Anxiety in Ohio

Ohio Resources for Depression and Anxiety

NAMI Ohio Helpline Resource Guide	Assists individuals seeking help for themselves or a loved one experiencing mental illness. https://namiohio.org/resources/local-resources/
DBH Ohio Department of Behavioral Health	Coordinates a statewide system of mental health and addiction prevention, treatment and recovery services. http://mha.ohio.gov/
OSPF Ohio Suicide Prevention Foundation	Prevention, education and resource organization focused on promoting suicide prevention. http://www.ohiospf.org/
OACBHA Ohio Association of County Behavioral Health Authorities	Statewide organization that represents the interests of Ohio's county Alcohol, Drug Addiction, and Mental Health Boards. https://www.oacbha.org/
Ohio Council of Behavioral Health & Family Services Providers	Statewide trade and advocacy association that represents 150 private organizations that provide alcohol and other drug addiction, mental health, and family services. http://www.theohiocouncil.org/
Ohio Psychiatric Physicians Association	Dedicated to promoting the highest quality care for people with mental disorders and to serving the professional needs of Ohio's psychiatric physicians. http://www.ohiopsychiatry.org/aws/OPPA/pt/sp/home_page
Ohio Minds Matter	Provides free Continuing Medical Education for healthcare providers, and educational resources for families and other stakeholders supporting family-centric behavioral healthcare. www.ohiomindsmatter.org/

OhioRISE

Resilience through Integrated Systems and Excellence (OhioRISE) is a specialized managed care program for youth with complex behavioral health and multisystem needs. The table below summarizes the program and referral guidelines.²⁴

Services Offered	All existing behavioral health services Intensive Moderate Care Coordination Intensive Home-Based Treatment Psychiatric Residential Treatment Facilities Behavioral health respite Flex funds to support implementing a care plan 1915 [®] waiver that runs through OhioRISE Mobile Response and Stabilization Services (MRSS)
Eligibility	Youth aged 0-20 who are enrolled in Ohio Medicaid that require significant behavioral health treatment need (measured using the Ohio Child and Adolescent Needs and Strengths (CANS) assessment, or a recent inpatient for behavioral health needs)
Referral Options	Contact the Managed Care Organization Directly using this contact information For adolescents with fee-for-service Medicaid contact the Medicaid Consumer Hotline at 800-324-8680 (TTY:711) to identify nearby CANS assessors that can be contacted to schedule a CANS assessment. Contact OhioRISE Member Services at 833-711-0773 (TTY: 711)

Peer Support Programs

Adolescent peer support programs are structured environments often facilitated by trained young peer supporters where adolescents facing behavioral health concerns can share their mental health challenges and receive emotional support and guidance in a safe space and supportive community. The following are some adolescent support peer programs that can be shared with patients and parents:

Youth Navigator Network (YNN)	YNN consists of navigators who can directly talk with young people in Ohio who are either in care or have been in foster care and help them access resources, navigate complicated forms and processes, and build an expanded network of support.
National Alliance on Mental Illness (NAMI) on Campus https://www.nami.org/Get-Involved/NAMI-on-Campus/NAMI-on-Campus-High-School/	The NAMI On Campus Club at high schools and colleges consists of student-led mental health clubs that promote mental health awareness and education and assist students in transitioning to college and beyond.
NAMI Ending the Silence https://www.nami.org/Support-Education/Mental-Health-Education/NAMI-Ending-the-Silence/	Offers evidence-based presentations for middle and high school students, school staff, and families. These sessions are available in person and online and teach participants about the warning signs of mental health conditions and effective steps to take. The student program includes effective steps to take. The student program includes a presentation, video, and a young adult's personal story. Staff and family versions focus on recognizing signs and strategies or supporting youth, each lasting about an hour.

School-Based Support Programs

School-Based Support and Referral Options

Schools play a critical role in providing mental health support to students, as students spend significant portion of their day in schools. The following are some school-based options for mental health care that can be shared with patients and parents:

Service	Description
School Counselors, Psychologists, and Social Workers	Resources at local school districts might include school based individual or group counseling, crisis management, and connections to community resources.
School-Based Health Centers (SBHCs) https://www.osbha.com/sbhc-census	Located in some schools where students can receive physical and mental health care along with preventive vision and dental services. The Ohio School-Based Health Alliance website includes a searchable map where users can learn more about the specific health services offered at Ohio schools. Providers can utilize this tool to determine if their patients' schools offer behavioral health services.
The Burrow Blueprint https://www.nationwidechildrens.org/specialties/school-health-services/professional-development/burrow-blueprint	The Burrow Blueprint program equips school-based health centers in 20 school districts in rural Appalachian Ohio with resources and training to address child and adolescent mental health needs. Providers receive education on anxiety, depression, and access to psychiatric consultation. To learn more about the Burrow Blueprint program, fill out the form on their website.
Hope Squad https://www.hopesquad.com/	A nationwide peer-to-peer suicide prevention program available in some Ohio schools where student leaders are trained to recognize signs of distress, offer support and guidance, and connect those that need help to appropriate resources. Providers can encourage patients to start a Hope Squad at their school or engage with an existing one if applicable.
Additional Resources https://education.ohio.gov/Topics/Student-Supports/School-Wellness/Prevention-Education/Suicide-and-Violence-Prevention-Social-Inclusion	A list of approved suicide awareness and prevention and violence prevention programs is available at the Ohio Department of Education and Work Force website.

Appendix

Screening Tools

The Ohio Minds Matter website includes several recommended screening tools for adolescents with symptoms of mental health disorders: Screening Tools | Ohio Minds Matter (<https://www.ohiomindsmatter.org/health-professionals/screening-tools>). This Learning Collaborative will specifically utilize the Patient Health Questionnaire-9 (PHQ-9) and the Severity Measure for Generalized Anxiety Disorder (GAD-7). To assess suicide risk, providers can utilize the Ask Suicide-Screening Questions (ASQ) screener followed by the Brief Suicide Safety Assessment (BSSA) if there is a positive ASQ screening result.

- PHQ-9 <https://www.phqscreeners.com/>
- GAD-7 https://adaa.org/sites/default/files/GAD-7_Anxiety-updated_0.pdf
- ASQ <https://www.nimh.nih.gov/research/research-conducted-at-nimh/ask-suicide-screening-questions-toolkit-materials>
- BSSA https://www.nimh.nih.gov/sites/default/files/documents/research/research-conducted-at-nimh/ask-suicide-screening-questions-toolkit-materials/youth-outpatient/bssa Worksheet_outpatient_youth_asq_nimh_toolkit.pdf

Patient Health Questionnaire 9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "X" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING

+

=Total Score:

Appendix

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? (Use "X" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

For office coding

+

=Total Score:



Ask the patient:

1. In the past few weeks, have you wished you were dead? Yes No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No
3. In the past week, have you been having thoughts about killing yourself? Yes No
4. Have you ever tried to kill yourself? Yes No

If yes, how? _____ When? _____

If the patient answers yes to any of the above, ask the following question:

5. Are you having thoughts of killing yourself right now? Yes No

If yes, please describe: _____



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